


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 026 ****50.00

DOCUMENT # L05000097786

1. Entity Name
WEST BOYNTON MEDICAL CENTER, LLC



Principal Place of Business
**155 NORTH CONGRESS AVENUE
 BOYNTON BEACH, FL ~~33496~~**

Mailing Address
**155 NORTH CONGRESS AVENUE
 BOYNTON BEACH, FL ~~33496~~**

2. Principal Place of Business
155 North Congress Ave

3. Mailing Address
155 North Congress Ave

Suite, Apt. #, etc.



05102006 Chg-LLC CR2E083 (11/05)

City & State
Boynton Beach FL

City & State
Boynton Beach FL

Zip
33436

Country
USA

4. FEI Number
59-3825847

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
 1900 GLADES ROAD, SUITE 355
 C/O QUARLES & BRADY LLP
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
Andrew K. Fein, Esq.

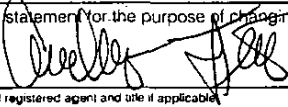
Street Address (P.O. Box Number is Not Acceptable)
980 N. Federal Highway

Suite
412

City
Boca Raton FL

Zip Code
33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **5-10-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEIZMAN, DAVID 155 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JACOB 155 North Congress Ave BOYNTON BEACH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **5-10-06** DAYTIME PHONE #: **561-737-4777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE